, , , , , , , , , , , , , , , , , , , ,	U. S. Cost Reimbursable—  (Department, bureau, or establishment)							PAID BY		
Voucher prepa	ared at	(= 170.1=-0.11)	•		************	_		•		
THE UNITED S	TATES, Dr.,	Payce'.	s Account No	275						
То		(Pa			******	_				
		(Pa	yee)							
	(Ad	dress)	(City)	(State)						
No. and Date of	Date of Delivery	ARTICLES OR SERVICES  (Enter description, item number of contract or Foderal supply schedule, and other information deemed necessary)  QUA		QUANTITY	UNIT	PRICE	AMOU			
Order	or Service	Discount Terms	ner miormation deen	ied necessary)		Cost	Per	Dollar		
		Cost						\$3,90		
		-					ľ			
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PAYMENT:										
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Final		Dec. cont	inuation sheet(s) if nec							
Shipped from		<del>`</del>	eight	Government B/L	<u> </u>	·	Total	\$3,90		
	hove hill is sorres	t and just and that paymer		ad I	(Payee must NO	T use this	space)			
STATINTL		(Sign original only)	ATINTL					i		
Date 4-12-5	5 *Payee	ST/	ATINTL		Amount verified;	correct for	r			
Date 4-12-5 Per		STA quired when Title	atte	'	Amount verified; (Signature or init	correct fo	r			
Per Contract No.	AlOl ity vested in me,	ST/	Reg. No.		Amount verified;	correct fo	r			
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Per Contract No.  Pursuant to authors  † Approved for \$  By  Title Contract  APPROVED:  Richard M  Special A  Planning	AlOl ity vested in me, 3,900,26 acting Off THE REVERSE OF THE ACCOUNTS ACCO	I certify that this account in the part of the Director ination/Approvi	Req. No.  8 correct and proper for SIGN Edward ORIGINAL ONLY  STATIN  for ng Officer	or payment.  rd R. Saune Title Comp  Date OR SERVICES SECURED  ool must be shown	Amount verified; (Signature or init: Date  Date  ders (Authoriz troller  WITHOUT WRITTEN A	correct fo	Invoice Rec'	d.		
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## Stendard Form No. 1035—Revised Form prescribed by Comptroller denoral US (Gen. Reg. No. 51, Supp. No. 11) Services Other Than Personal

CONTINUATION SHEET

No. and Date of Order	Date of Delivery	ARTICLES OR SERVICES	QUAN- TITY	UNIT PRICE		AMOUNT	
	Delivery or Service	(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		Cost	Per	Dollars	$\exists$
ATINTL		Contract #101 Submission of adjusted Overhead per letter attached. Overhead rate adjusted from					
		Ref. Direct	ì				
		Voucher No. Labor					
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		Adjusted overhead of additional Direct Labor.				\$3,900	
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